

## MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

## **ORIGINAL OR AMENDED**

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES	
1. Committee ID #:  2. Type of Filing:  Original	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be
Amendment to Items:Eff. Date:  3. Full Name of Committee (must include Candidate's first and last name): COMMITTEE TO ELECT  SARA MURRAY	automatically lost if the committee exceeds the \$1,000 threshold.  11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
SARA MURRAY  4a. Candidate Full Name (Last, First, M.I.):  MURRAY, SARA  4b. Political Party (if applicable):	a. Official Depository  HUNTING TON BANK  WASHINGTON, MI
4c. County of Residence: MACOMS  4d. Office Sought (Check one):	b. Secondary Depository
Governor  State Rep.  State Rep.  State Bd. of Ed.  WSU Gov.  Circuit Court  Lt. Governor  State Senator  Attorney Gen.  MSU Trustee  Appeals Court  District Court  Probate Court	12. This item applies only to Gubernatories Candidate Committees: Check if this committee interacts to Sek qualifying contributions or make qualifying expenditures.
Municipal Court   Local or other please specify: "Lower Connequity Schiols   Board of Education   4e. District/Circuit # or Jurisdiction:	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.
5. Date Committee was Formed: 2-7-04  6a. Committee Phone #: 584-334-9437  6b. Committee Fax #: 584-334-9437	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.
6c. Committee E-mail Address: 7a. Complete Comm. Mailing Address (May be PO Box):	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
67100 QUAIL RIDGE WASHINGTON, MI 48095	** OR **  Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
7b. Complete Comm. Street Address (May not be PO Box):  Same  8. Treasurer Name and Complete Address:  SARA MURRAM  Samu  Phone #: 584-752-3851	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)
Phone #: 300-150-58 3 1  E-mail Address:	Candidate Dunay 2-7-04
9. Designated Record Keeper Name and Complete Address:	Current Treasurer:  Sara Mennay 37-06
Phone #: E-mail Address:	Designated Record Keeper (Required only if filing electronically):